

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101565,533

FILING DATE

01-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6						1
7						
8						1
9						
10						1
11					1	
12						1
13			1			
14				1		
15					1	
16					1	
17					1	
18					1	
19						1
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22						1
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31						1
32					1	
33						1
34						1
35						1
36						1
37			1			
38					1	
39						1
40					1	
41						1
42						1
43					1	
44						1
45					1	
46						1
47						1
48						1
49						1
50						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						